**Spay Memphis**

**Volunteer Application**

Date Date of Birth

Name

Address

City State Zip

Phone Alt Phone

Email

**Volunteer Availability**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sun. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. |
| Morning |   |   |   |   |   |   |   |
| Afternoon  |   |   |   |   |   |   |   |
| Evening |   |   |   |   |   |   |   |

Please check below the opportunities in which you would be willing to participate:

Clinic Assistance/Animal Recovery

Set-Up/Clean-Up

Office/Administrative

Fundraising/Events

Community Outreach

**Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver of Liability and Agreement to Indemnify**

I hereby agree to accept a position as a volunteer worker for the Animal Protection Association, Inc. d.b.a. Spay Memphis, a Tennessee nonprofit corporation (hereinafter referred to as Spay Memphis), and acknowledge that I desire to perform certain services for Spay Memphis. I further understand and acknowledge that certain risks may be associated with performing these services and I agree to comply with all the policies, rules and regulation which are established and may be established from time to time by Spay Memphis.

I acknowledge that any services I perform are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without any liability of any nature on behalf of Spay Memphis, all services to be performed by me at my own risk.

I recognize that in handling animals and performing other volunteer tasks, there exists a risk of injury, including physical harm caused by the animals, and **I understand that current tetanus shot is required prior to working hands-on with the animals**. In consideration of being permitted to perform any animal-contact services for Spay Memphis, on behalf of myself, my heirs, my personal representatives and executors, I hereby release, discharge, indemnify, and hold harmless Spay Memphis, its officers, directors, agents, and employees from any and all claims, causes of action, or demands, of any nature of cause, including costs and attorney’s fees incurred by Spay Memphis in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my animal-contact services for Spay Memphis, including by not limited to animal bites, accidents, or injury.

In consideration of being permitted to perform any services for Spay Memphis, on behalf of myself, my heirs, my personal representatives and executors, I voluntarily and knowingly execute this document and expressly waive any and all rights, claims, or causes of action including, without limitations, those involving bodily injury, property damage or death to myself, my family or property while I am engaged, directly or indirectly, in performing the services, whether or not caused by the negligence of Spay Memphis, its officers, directors, agents or employees.

In further consideration of being permitted to perform any services for Spay Memphis, I hereby agree to indemnify, defend, and hold Spay Memphis, its officers, directors, agents and employees harmless from and against any and all liability, damage, loss, cost and expense incurred as a result of any claim, demand or cause of action brought against Spay Memphis, its officers, directors, agents and employees, jointly or individually, for bodily injury or property damage suffered as a result of my negligent, reckless, or willful act or omission in the performance of (or failure to perform) any services.

I understand public relations are an important part of volunteering with Spay Memphis. I, therefore, agree on behalf of myself, my heirs, my personal representatives and executors, to allow Spay Memphis to use any photographs taken of me for use in public relation efforts. Spay Memphis agrees to use reasonable efforts to notify me, but such notification is not a condition of the photograph’s release for public relations purposes.

I certify I am over 18 years of age and have read and fully understand the contents, terms, and conditions of this Waiver of Liability and Agreement to Indemnify, and I agree to comply with same. This Waiver of Liability and Agreement to Indemnify shall continue in full force and effect until terminated in writing and, in the event of such termination, shall remain applicable to all matters occurring or first arising on or before the date of such termination regardless of such termination.

I further certify that the date of my last tetanus shot is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Volunteer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Spay Memphis Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_